ALABAMA DEPARTMENT OF PUBLIC HEALTH
Division of Epidemiology

Hepatitis Case Report

For Central Office Use Only

Record #: _____

Case status: _____

Diagnosis: ☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C ☐ Hepatitis D ☐ Hepatitis Non-A, Non-B ☐ Hepatitis Unspecified

Date of onset: _____ / _____ / _____ (month / day / year)

Patient's last name (please print clearly): | First name: | Middle name (or initials):

Street address: | Town or City: | County: | State:

Zip code: | Telephone number of patient*: HOME ( ) WORK ( )

Date of birth: _____ / _____ / _____ (Month / Day / Year) | Age: Yrs _____ Mos _____ | Sex: ☐ Male ☐ Female ☐ Unknown | Race: ☐ American Indian/Alaskan Native ☐ Black ☐ White ☐ Asian/Pacific Islander ☐ Hispanic ☐ Other

Was the patient hospitalized? 1 ☐ Yes 2 ☐ No 9 ☐ Unk.

If yes, name of hospital_____

Did the patient die?..... 1 ☐ Yes 2 ☐ No 9 ☐ Unk.

Occupation:

Number of prophylaxed contacts:

Name of reporting individual/institution: | Telephone number of reporter : ( ) | Date county notified: _____ / _____ / _____ (Month / Day / Year)

Name of physician: | Address of physician: | Telephone number of physician: ( )

Clinical Data:

	Month / Day / Year
Date of jaundice:.....	_____ / _____ / _____
Date of diagnosis:.....	_____ / _____ / _____
Was the patient jaundiced?...	1 ☐ Yes 2 ☐ No

Results of Liver Function Tests:	AST(SGOT):	ALT (SPGT):	Bilirubin:

Laboratory Results:

Date of lab test: _____/_____/_____

	Pos.	Neg.	Not tested/ Unknown
IgM Hepatitis A Antibody (IgM anti-HAV)...	1 ☐	2 ☐	9 ☐
Hepatitis B Surface Antigen (HBsAg).....	1 ☐	2 ☐	9 ☐
IgM Hep B Core Antibody (IgM anti-HBc)...	1 ☐	2 ☐	9 ☐
Antibody to Delta (anti-HDV).....	1 ☐	2 ☐	9 ☐

- If patient was jaundiced or had elevated liver function tests, please continue.
- If patient was NOT jaundiced and had NO elevated liver function tests but HBsAg is POSITIVE, please answer questions 20 and 21 on page 2.
- If patient was NOT jaundiced and had NO elevated liver function tests, describe in comments why and in what setting were lab tests for hepatitis drawn.

During the 2 - 6 Weeks Prior to Illness

	Yes	No	Unk.
1. Was the patient a child or employee in a nursery, day care center, or preschool?.....	1 ☐	2 ☐	9 ☐

If yes, Name of institution: _____

Address of institution: _____

Institution city: _____ Phone: _____

Date answer ascertained: _____ / _____ / _____ (Month / Day / Year)

2. Was the patient a household contact of a child or employee in a nursery, day care center, or preschool?	1 ☐	2 ☐	9 ☐
3. Was the patient a contact of a confirmed or suspected hepatitis A case?.....	1 ☐	2 ☐	9 ☐

Type of contact: 1 ☐ Sexual 2 ☐ Household (non-sexual) 3 ☐ Other

Name of contact: _____ Relationship: _____

4. Was the patient employeed as a food handler?.....	1 ☐	2 ☐	9 ☐

If yes, Name of restaurant: _____

Address of restaurant: _____

City : _____ Phone: _____

	Yes	No	Unk.
5. Did the patient eat raw shellfish?	1 ☐	2 ☐	9 ☐
Location where purchased/consumed: _____			
6. Was the patient suspected as being part of a common-source foodborne or waterborne outbreak?	1 ☐	2 ☐	9 ☐
7. Did the patient travel outside of the United States or Canada?	1 ☐	2 ☐	9 ☐

1 ☐So./Central America and Mexico 2 ☐Africa 3 ☐Caribbean 4 ☐Middle East
5 ☐Asia/So. Pacific 6 ☐Australia/New Zealand
Other_____
Duration of stay: 1 ☐1-3 Days 2 ☐4-7 Days 3 ☐More than 7 Days

During the 6 Weeks - 6 Months Prior to Illness

	Yes	No	Unk.
8. Was the patient a contact of a confirmed or suspected acute or chronic hepatitis B or non-A, non-B case?	1 ☐	2 ☐	9 ☐
If yes, type of contact: 1 ☐Sexual 2 ☐Household (non-sexual) 3 ☐Other			
9. Was the patient employeed in a medical, dental or other field involving contact with human blood?	1 ☐	2 ☐	9 ☐
If yes, degree of blood contact: 1 ☐Frequently (several times weekly) 2 ☐Infrequent			
10. Did the patient receive blood or blood products (transfusion)?	1 ☐	2 ☐	9 ☐
If yes, specify date(s) received: From _____/_____/_____ to _____/_____/_____			
11. Was the patient associated with a dialysis or kidney transplant unit?	1 ☐	2 ☐	9 ☐
If yes, 1 ☐Patient 2 ☐Employee 3 ☐Contact of patient or employee			
12. Did the patient use needles for injection of street drugs?	1 ☐	2 ☐	9 ☐
13. What was the patient's sexual preference? 1 ☐Heterosexual 2 ☐Homosexual 3 ☐Bisexual 9 ☐Unknown			
14. How many different sexual partners did the patient have? _____			
15. Did the patient have dental work or oral surgery?	1 ☐	2 ☐	9 ☐
Name of dentist or oral surgeon: _____			
Address : _____			
City: _____ Phone: _____			
16. Did patient have acupuncture?	1 ☐	2 ☐	9 ☐
17. Did the patient have other surgery?	1 ☐	2 ☐	9 ☐
18. Did the patient have tattooing?	1 ☐	2 ☐	9 ☐
Name of tattoo parlor: _____			
19. Did the patient have an accidental stick or puncture with a needle or other object contaminated with blood?	1 ☐	2 ☐	9 ☐
20. Is the patient currently pregnant?	1 ☐	2 ☐	9 ☐
21. Has this patient ever received the three dose series of Hepatitis B vaccine?	1 ☐	2 ☐	9 ☐
If yes, what year? _____ AND Was the patient tested for antibody within 1-6 months after the last dose?	1 ☐	2 ☐	9 ☐
If yes, was the antibody test: 1 ☐Positive 2 ☐Negative 3 ☐Unknown			

Comments:	Signature of investigator:	
Date of interview: _____/_____/_____ month day year	Title of investigator:	Date: